

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **32934**Registral's No. **8245**

FILED SEP 25 1952

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (In this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri**

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

2049

d. FULL NAME OF HOSPITAL OR INSTITUTION **Missouri Baptist**d. STREET ADDRESS (If rural, give location) **1515 Central**

3. NAME OF DECEASED (Type or Print)

a. (First)

Carl

b. (Middle)

W.

c. (Last)

Fisher

4. DATE OF DEATH

(Month)

Aug.

(Day)

31

(Year)

1952

5. SEX

M

6. COLOR OR RACE

W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 23, 1908

9. AGE (In years last birthday)

43

if under 1 year

Months

if under 1 year

Days

if under 1 min.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Auditor

10b. KIND OF BUSINESS OR INDUSTRY

Shoe Mfg.

11. BIRTHPLACE (City and State or Foreign Country)

Missouri

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Walter Fisher

13b. MOTHER'S MAIDEN NAME

Maude Enloe

14. NAME OF HUSBAND OR WIFE

Lillian Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME

Lillian Fisher

ADDRESS

St. Louis, Mo.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Atorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

Chr. Glomerular Nephritis
Hypertensive C.V.D.

INTERVAL BETWEEN ONSET AND DEATH

2 yrs?
over 2 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

443**443**

22. I hereby certify that I attended the deceased from **19** to **Aug. 31, 1952**, that I last saw the deceased alive on **Aug. 30, 1952**, and that death occurred at **5 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

Chakada

23b. ADDRESS

Humboldt Bldg

23c. DATE SIGNED

9-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24b. DATE

9-3-52

24c. NAME OF CEMETERY OR CREMATORY

Fisher

24d. LOCATION (City, town, or county)

Moselle, Mo.

(State)

DATE REC'D BY LOCAL SEP 2 1952

REGISTRAR'S SIGNATURE

Carl Smith

25. FUNERAL DIRECTOR'S SIGNATURE

Casey L. Smith

ADDRESS

St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3601

P. O. Address St. Clair, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.